



**LASHLY & BAER, P.C.**  
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1. #4301 HM: SSM Select Rehab St. Louis  
Bridgeton (St. Louis County)  
\$23,025,945, Second extension on CON  
to establish 60-bed rehab hospital

February 16, 2010

Mr. Tom Piper  
Director  
CN Program  
P.O. Box 570  
Jefferson City, MO 65102

CERTIFICATE OF NEED PROGRAM

FEB 16 2010

RECEIVED

Re: SSM Select Rehab St. Louis, LLC; Project #4301 HS

Dear Tom:

On behalf of SSM Select Rehab St. Louis, LLC, I am requesting a six month extension of the above certificate of need. Enclosed is a Periodic Progress Report showing expenditures to date. The applicant believes that construction should start by around June of this year. I am requesting an additional six month extension to incur a capital expenditure of above ground construction.

Very truly yours,

  
Richard D. Watters

RDW/dk

Enclosure

*second extension*



## Certificate of Need Program

CERTIFICATE OF NEED PROGRAM

## PERIODIC PROGRESS REPORT FEB 16 2010

Type of Progress Report:

- ☒ Intermediate  
☐ Final

**RECEIVED**

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project

SSM Select Rehab St. Louis, LLC

Report Period

08/04/2009-02/02/2010

Address

12303 DePaul Drive  
Bridgeton, MO 63044

Project Number

4301 HS

Date CON Issued

02/02/2009

Project Description

Establishment of a 60-bed rehabilitation hospital on the campus of SSM Depaul Health Center.

Approved Cost

\$23,025,945

- ☐ Yes **1. Have capital expenditures been incurred for the proposed construction and/or medical equipment?**  
☒ No

\_\_\_\_\_ Date construction started or equipment purchased.  
Provide copy of AIA contract and/or purchase order.

- ☒ Yes **\*2. Are the expenditures for this reporting period/project-to-date included?**  
☐ No

7 % of the total approved project amount that has been expended to date.

- ☒ Yes **3. Are the projected final costs within the limits approved?**  
☐ No If "No" and costs are above 10% of approved amount, then submit a cost over-run application  
\$ \_\_\_\_\_ Estimated final project cost

- ☐ Yes **4. Are there any changes in the services or programs as approved in the application?**  
☒ No If "Yes" explain in detail and provide replacement pages for the approved application.

- ☐ Yes **5. Has the project contact person changed?**  
☒ No If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).

**\*6. Construction or installation is 0 % complete.**

*\*If Items 2 and 6 are both 100% complete, signify this as the **Final Report** and submit documentation of final costs.*

Description of progress to date. Clearly explain expenditures, delays, changes in project progress, or lack of progress, of the approved project (use additional pages as needed):

The applicant's proposal is one component of a multi-part project that includes conversion of a distinct part unit at St. Mary's Health Center to a hospital within a hospital. Certification by the Centers for Medicare and Medicaid Services for the hospital within a hospital was obtained in December 2009. Architectural plans for the 60-bed rehabilitation to be located on the campus of SSM DePaul Health Center are complete and the lease for the land with proper zoning has been executed. Construction of the facility will begin in June 2010.



Certificate of Need Program

**PERIODIC PROGRESS REPORT**

| <b>Project Budget/Expenditures</b>                |                            | Report Period: 08/04/2009 to 02/02/2010    |                    |
|---|----------------------------|--|--------------------|
| Description                                       | Application                | This Period                                | Project-to-date    |
| 1. General Construction Costs                     | \$17,110,000               | 0  | 0                  |
| 2. Renovation Costs                               | 0                          | 0  | 0                  |
| <b>3. Subtotal Construction Costs</b>             | <b>\$17,110,000</b>        | <b>\$0</b>                                 | <b>\$0</b>         |
| 4. Architectural/Engineering Fees                 | \$1,039,000                | \$40,674                                   | \$115,285          |
| 5. Other Equipment (not in construction contract) | 1,853,665                  | 0  | 0                  |
| 6. Major Medical Equipment                        | 0                          | 0  | 0                  |
| 7. Land Acquisition Costs                         | 1,500,000                  | 1,500,000                                  | 1,500,000          |
| 8. Consultants' Fees/Legal Fees                   | 22,500                     | 16,597                                     | 16,597             |
| 9. Interest During Construction                   | 1,348,780                  | 0  | 0                  |
| 10. Other Costs                                   | 152,000                    | 0  | 0                  |
| <b>11. Subtotal Non-construction Costs</b>        | <b>\$5,915,945</b>         | <b>\$1,557,271</b>                         | <b>\$1,631,882</b> |
| <b>12. TOTAL Project Development Costs</b>        | <b>\$23,025,945</b>        | <b>\$1,557,271</b>                         | <b>\$1,631,882</b> |
| Square footage: New Construction                  | 60,000                     | 0  | 0                  |
| Renovation  | 0                          | 0  | 0                  |
| Total Project                                     | 60,000                     | 0  | 0                  |
| Costs per square foot: New Construction           | 285.17                     | 0  | 0                  |
| Renovation  | 0                          | 0  | 0                  |
| Name of Contact Person<br>Richard D. Watters      |                            | Title<br>Attorney                          |                    |
| Telephone Number<br>314-621-2939                  | Fax Number<br>314-621-6844 | E-mail Address<br>rdwatters@lashlybaer.com |                    |